

Georgia Department of Community Health

Provider Report

Claims Incurred through October 2022 and Paid through January 2023

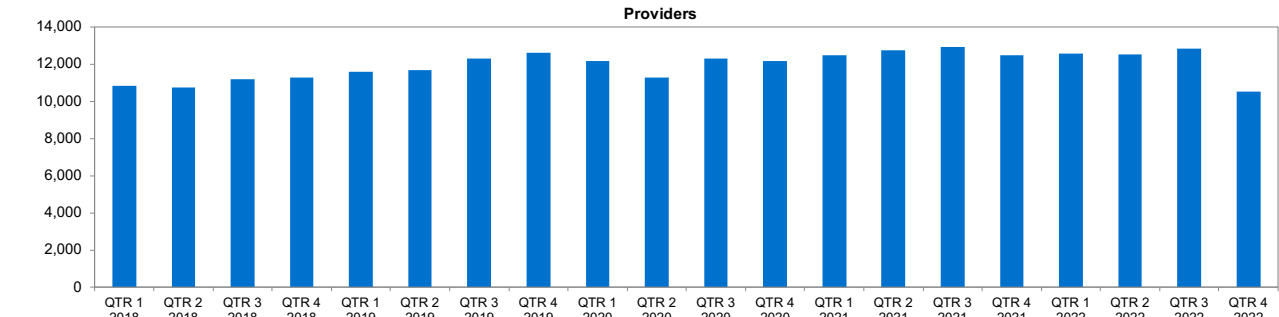
Number of Providers Serving Medicaid Members by Specialty

Excludes members with Medicare coverage.

Provider Taxonomy	Number of Providers					
	CMO			FFS		
	Nov 2020 - Oct 2021	Nov 2020 - Oct 2021	% Change	Nov 2020 - Oct 2021	Nov 2020 - Oct 2021	% Change
Diagnostic Radiology	7,833	7,443	-5%	7,861	8,481	8%
Internal Medicine	5,540	5,061	-9%	5,043	5,231	4%
Nurse Practitioner, Family	4,733	4,991	5%	4,606	5,193	13%
Emergency Medicine	5,828	5,368	-8%	2,774	3,068	11%
Family Medicine	4,746	4,297	-9%	3,769	3,871	3%
Physician Assistant	3,762	3,728	-1%	3,629	4,207	16%
Nurse Anesthetist, Certified Registered	3,389	3,311	-2%	3,210	3,252	1%
Nurse Practitioner	3,088	2,902	-6%	3,044	3,253	7%
Pediatrics, Pediatrics	3,711	3,173	-14%	2,252	2,389	6%
Anesthesiology	2,886	2,864	-1%	2,311	2,519	9%
Anesthesiologist Assistant	2,531	2,499	-1%	1,776	2,022	14%
Internal Medicine, Cardiovascular Disease	2,270	1,838	-19%	2,602	2,573	-1%
Obstetrics/Gynecology	2,536	2,160	-15%	1,648	1,638	-1%
Speech-Language Pathologist	1,680	1,702	1%	1,572	1,690	8%
Orthopaedic Surgery	1,469	1,303	-11%	1,578	1,716	9%
Surgery	1,584	1,403	-11%	1,483	1,481	0%
Behavioral Analyst	840	1,271	51%	969	1,416	46%
Internal Medicine, Nephrology	833	697	-16%	1,841	1,825	-1%
Allopath/Osteopath, Neurology	999	1,054	6%	1,107	1,381	25%
Pharmacy, Community/Retail Pharmacy	1,121	1,132	1%	1,094	1,112	2%
Internal Medicine, Gastroenterology	904	898	-1%	1,132	1,161	3%
Physician Assistant, Medical	1,061	935	-12%	1,018	1,040	2%
Hospitalist	1,000	982	-2%	826	842	2%
Occupational Therapist	859	882	3%	906	940	4%
Physical Therapist	966	1,033	7%	753	787	5%
Ophthalmology	789	735	-7%	1,034	1,069	3%
General Acute Care Hospital	1,423	1,366	-4%	409	342	-16%
Pharmacy	852	858	1%	812	819	1%
Optometrist	824	756	-8%	783	816	4%
Urology	720	618	-14%	972	928	-5%
Dentist, General Practice	1,051	916	-13%	646	625	-3%
Internal Medicine, Pulmonary Disease	789	698	-12%	869	841	-3%
Psychiatry/Neurology, Psychiatry	860	776	-10%	713	728	2%
Internal Medicine, Hematology and Oncology	767	630	-18%	802	849	6%
Nurse Practitioner, Pediatrics	853	730	-14%	558	598	7%

Trending of Visits ER and Number of Primary Care Physicians 2017 to 2022

Quarter 4 2022 only contains one month of data.

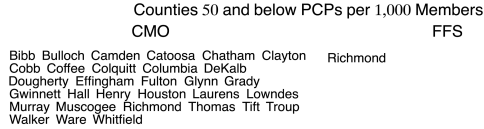
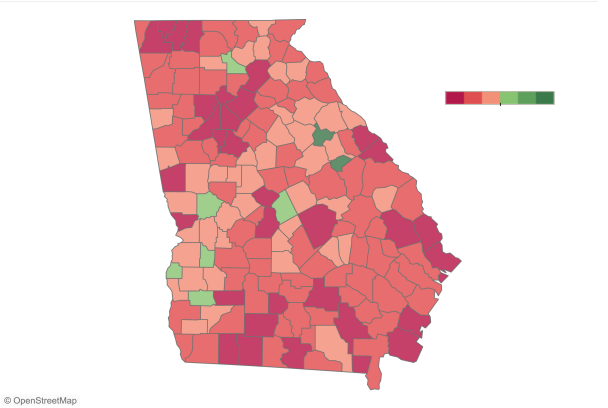


Providers with at least one claim in the time period specified were included in this analysis.

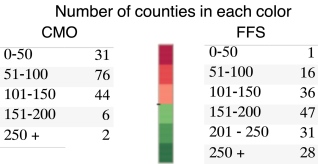
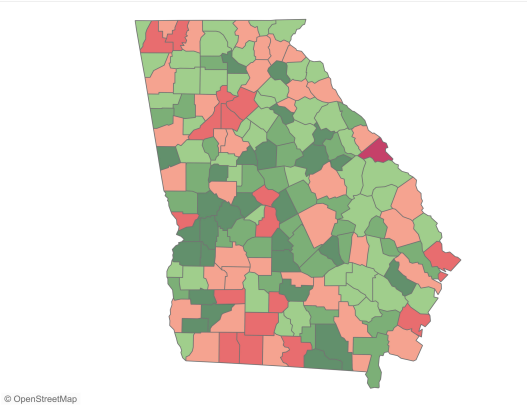
Primary Care* Providers per 1,000 Members

* Primary Care includes Internal Medicine, Family Medicine, General Practice, Pediatric doctors as defined by provider taxonomy.

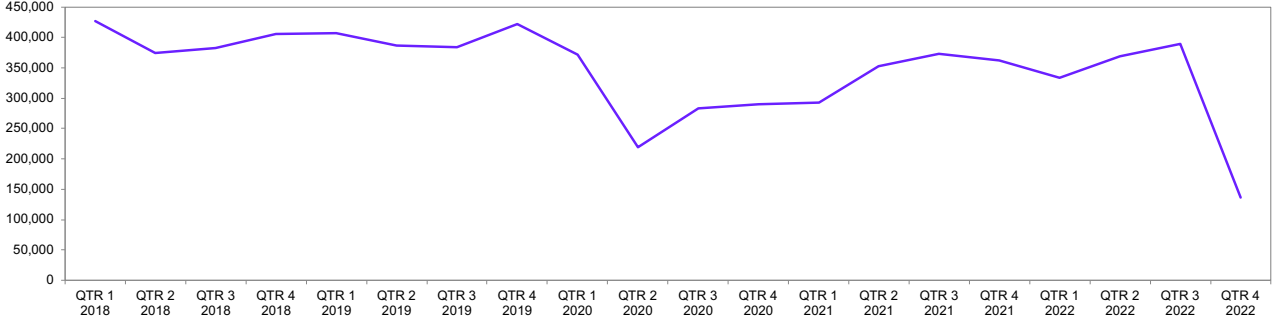
Medicaid CMO



Medicaid FFS



Visits ER



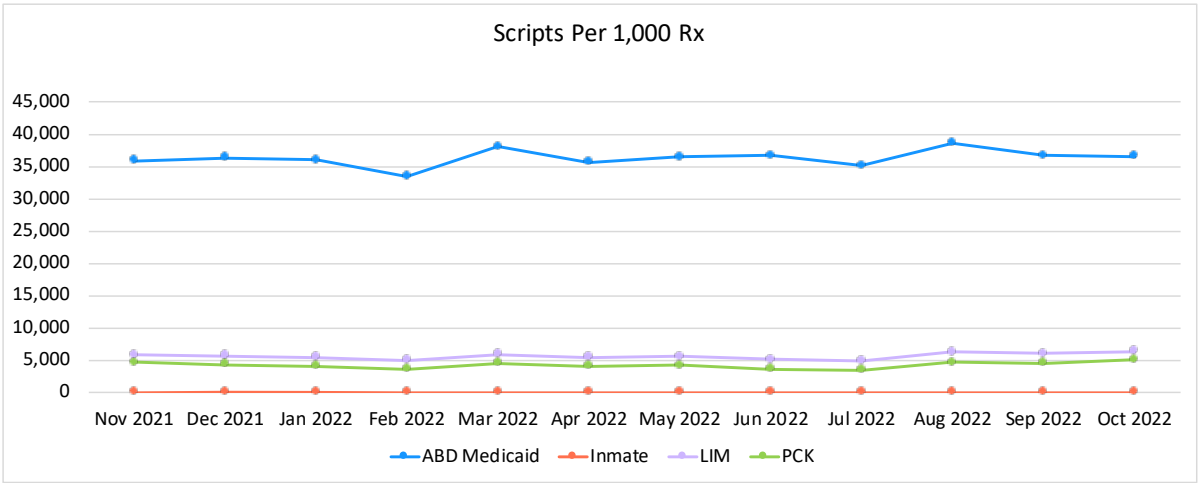
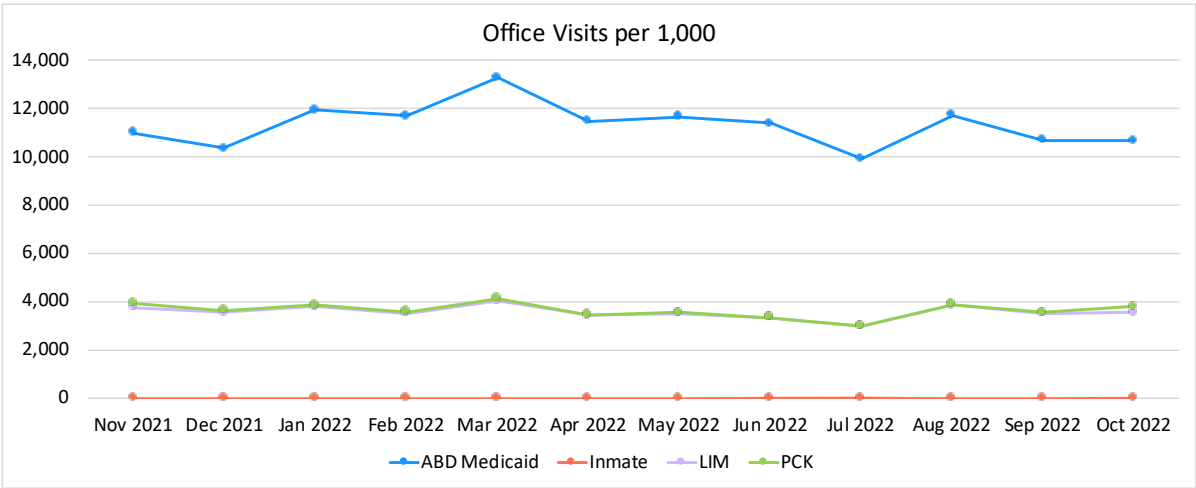
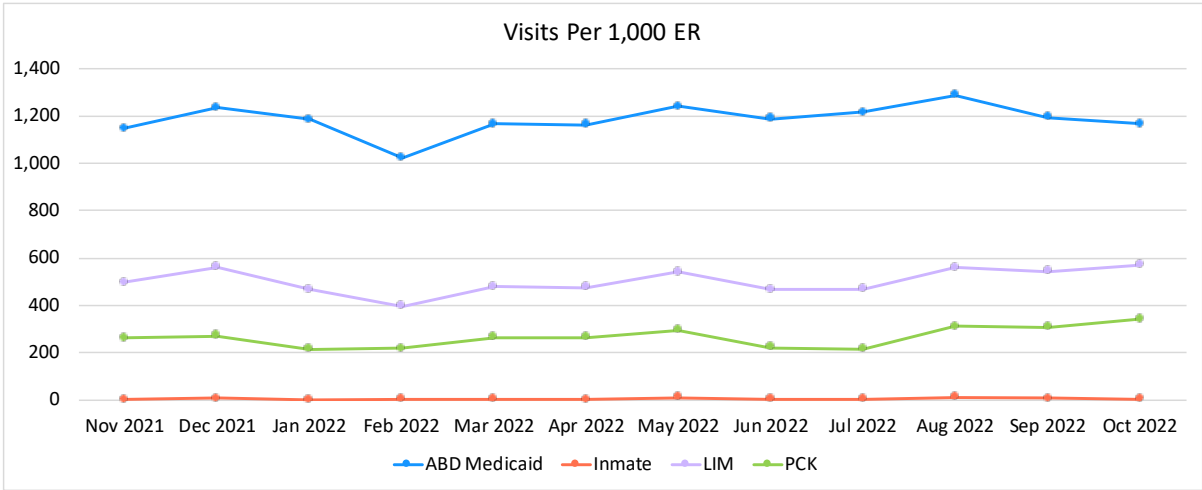
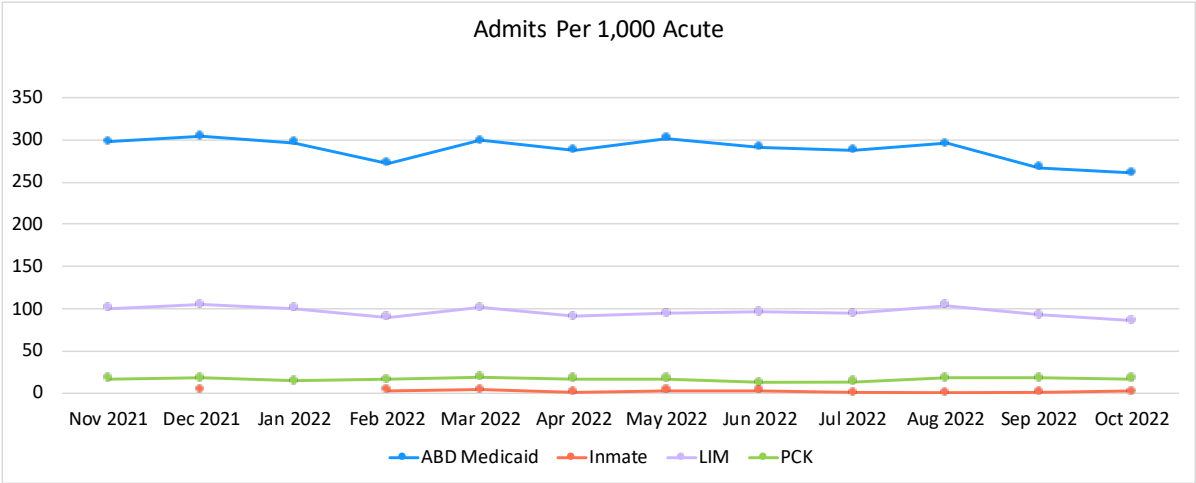
Georgia Department of Community Health

Provider Report

Claims Incurred through October 2022 and Paid through January 2023

Monthly Trends per 1,000 Annualized

Excludes members with Medicare coverage.



Georgia Department of Community Health

Provider Report

Claims Incurred through October 2022 and Paid through January 2023

Top 10 Hospitals Based on Inpatient Admissions (Aug 2022 - Oct 2022)

Excludes members with Medicare coverage.

CMO						
Rank	Hospital Name	# of Inpatient Admissions	Average Length of Stay (ALOS)	ALOS US Total MarketScan Benchmark*	Readmission Rate**	CMO Plan Paid Amount Fac per Admit***
1	NORTHSIDE HOSPITAL	1,955	3.73	2.84	2%	\$4,341
2	CHILDRENS HEALTHCARE OF ATLANTA	1,687	4.92	5.01	7%	\$17,851
3	EMORY UNIVERSITY HOSPITAL MIDTOWN	1,456	3.60	3.29	2%	\$5,046
4	SAVANNAH HEALTH SERVICES, LLC	1,404	4.40	4.43	5%	\$7,998
5	NORTHEAST GEORGIA MEDICAL CENTER IN	1,393	3.30	3.82	2%	\$4,914
6	KENNESTONE HOSPITAL, INC	1,196	3.37	3.39	3%	\$5,681
7	GRADY MEMORIAL HOSPITAL	1,136	4.44	3.59	3%	\$9,443
8	THE MEDICAL CENTER OF CENTRAL GEORGIA INC	1,034	4.96	4.17	5%	\$7,789
9	NORTHSIDE HOSPITAL, INC.	994	3.73	3.23	3%	\$4,558
10	EGLESTON CHILDRENS HOSPITAL AT EMORY	963	6.13	4.89	7%	\$25,839
	All Other	29,268	4.04	3.96	3%	\$5,302
Total		42,486	4.09	4.24	3%	\$6,454

*Benchmarks are based on MarketScan 2020 Medicaid Data.

**Readmission rate is based on readmissions for any diagnosis within 15 days. This is the standard used as an indicator of quality of care by Medicare Payment Advisory Committee.

***CMO Plan Paid Amount is the amount the plan pays to providers. Net Payment is the amount DCH pays providers.

Top 10 Hospitals Based on Emergent Visits (Aug 2022 - Oct 2022)

Excludes members with Medicare coverage.

CMO						
Rank	Facility Name	ER Visits	% Emergent	Emergent ER Visits	Non-Emergent ER Visits	CMO Plan Paid Amount Facility*
1	CHILDRENS HEALTHCARE OF ATLANTA	16,645	40%	6,584	10,062	\$15,513,478
2	HUGHES SPALDING CHILDRENS HOSP	13,897	34%	4,789	9,108	\$11,070,482
3	SAVANNAH HEALTH SERVICES, LLC	10,852	31%	3,389	7,464	\$3,374,551
4	EGLESTON CHILDRENS HOSPITAL AT EMORY	9,562	42%	4,059	5,503	\$9,372,064
5	MIDTOWN MEDICAL CENTER	7,163	34%	2,413	4,751	\$2,659,664
6	NORTHEAST GEORGIA MEDICAL CENTER IN	5,179	47%	2,447	2,733	\$2,621,680
7	KENNESTONE HOSPITAL, INC	4,852	43%	2,098	2,754	\$2,345,902
8	WELLSTAR PAULDING HOSPITAL	4,804	45%	2,142	2,662	\$2,117,557
9	THE MEDICAL CENTER OF CENTRAL GEORGIA INC	4,606	35%	1,618	2,988	\$1,324,365
10	NORTHSIDE HOSPITAL, INC.	4,596	49%	2,252	2,345	\$1,928,698
	All Other	194,520	45%	88,478	106,349	\$76,374,889
Total		275,719	43%	119,864	156,430	\$128,703,330

*Includes both emergent and non-emergent ER visits payments, facilities with at least one emergent visit, out of state locations, and urgent care centers. CMO Plan Paid Amount is the amount the plan pays to providers. Net Payment is the amount DCH pays providers.

Note: Emergent and Non-emergent visits are defined by diagnosis codes. ER visits are a count of unique patient and service day combinations. Unique count total may be different from the sum of the ER visits from the individual hospitals, if individuals went to multiple hospitals on the same day.

Top 10 Principal Diagnosis in Emergency Room (Aug 2022 - Oct 2022)

Emergent & Non-Emergent Visits are defined by Diagnosis codes.

CMO						
Rank	Diagnosis*	ER Visits	% Emergent	Emergent ER Visits	Non-Emergent ER Visits	CMO Plan Paid Amount Facility**
1	J06 Acute upper respiratory infections of multiple and unspecified sites	24,557	0%	0	24,557	\$9,300,557
2	B34 Viral infection of unspecified site	11,816	0%	0	11,816	\$4,630,408
3	J10 Influenza due to other identified influenza virus	10,012	100%	10,012	0	\$4,133,569
4	H66 Suppurative and unspecified otitis media	8,885	0%	0	8,885	\$2,932,864
5	J02 Acute pharyngitis	8,551	0%	0	8,551	\$2,904,560
6	R10 Abdominal and pelvic pain	8,508	93%	7,949	562	\$4,648,975
7	U07 Emergency use of U07	7,978	100%	7,973	5	\$3,727,435
8	J45 Asthma	6,260	99%	6,183	77	\$5,071,622
9	R07 Pain in throat and chest	5,400	98%	5,305	96	\$2,781,470
10	R50 Fever of other and unknown origin	4,861	100%	4,861	0	\$2,087,131
	All Other	179,358	43%	77,684	102,008	\$86,484,737
Total		275,719	43%	119,864	156,430	\$128,703,330

*Diagnosis refers to the principal diagnosis.

**Includes both emergent and non-emergent ER visits payments, facilities with at least one emergent visit, out of state locations, and urgent care centers. CMO Plan Paid Amount is the amount the plan pays to providers. Net Payment is the amount DCH pays providers.

Note: Emergent and Non-emergent visits are defined by diagnosis codes. ER visits are a count of unique patient and service day combinations. Unique count total may be different from the sum of the ER visits from the individual hospitals, if individuals went to multiple hospitals on the same day.

FFS						
Rank	Hospital Name	# of Inpatient Admissions	Average Length of Stay (ALOS)	ALOS US Total MarketScan Benchmark*	Readmission Rate**	Net Pay Fac Per Admit***
1	NORTHSIDE HOSPITAL	1,634	3.88	2.92	2%	\$4,877
2	GRADY MEMORIAL HOSPITAL	1,079	7.06	4.92	11%	\$14,154
3	CHILDRENS HEALTHCARE OF ATLANTA AT	644	7.72	5.78	11%	\$29,419
4	CHILDRENS HEALTHCARE OF ATLANTA	638	6.72	5.37	10%	\$20,502
5	NORTHEAST GEORGIA MEDICAL CENTER IN	608	5.26	4.76	7%	\$8,897
6	KENNESTONE HOSPITAL, INC	492	5.58	4.72	7%	\$9,948
7	SAVANNAH HEALTH SERVICES, LLC	448	6.48	6.01	9%	\$12,112
8	THE MEDICAL CENTER OF CENTRAL GEORGIA INC	436	6.73	5.17	11%	\$11,745
9	EMORY UNIVERSITY HOSPITAL MIDTOWN	436	7.22	5.46	14%	\$11,353
10	NORTHSIDE HOSPITAL, INC.	399	6.22	4.23	11%	\$9,969
	All Other	10,806	5.86	5.34	11%	\$9,947
Total		17,620	5.90	5.66	10%	\$10,927

FFS						
Rank	Facility Name	ER Visits	% Emergent	Emergent ER Visits	Non-Emergent ER Visits	Net Payment Facility*
1	GRADY MEMORIAL HOSPITAL	2,137	57%	1,211	928	\$2,289,703
2	SAVANNAH HEALTH SERVICES, LLC	1,497	45%	679	818	\$589,936
3	CHILDRENS HEALTHCARE OF ATLANTA AT	1,264	51%	646	618	\$1,068,320
4	CHILDRENS HEALTHCARE OF ATLANTA	1,220	51%	617	603	\$1,274,311
5	MIDTOWN MEDICAL CENTER	1,135	44%	502	633	\$507,445
6	THE MEDICAL CENTER OF CENTRAL GEORGIA INC	1,015	47%	480	535	\$730,493
7	AU MEDICAL CENTER, INC	984	50%	492	493	\$722,220
8	HUGHES SPALDING CHILDRENS HOSP	904	40%	359	545	\$553,305
9	SOUTH GEORGIA MEDICAL CENTER	845	49%	418	427	\$474,675
10	EMORY UNIVERSITY HOSPITAL MIDTOWN	841	49%	414	427	\$515,602
	All Other	39,165	50%	19,660	19,626	\$23,266,873
Total		50,697	50%	25,355	25,565	\$31,992,883

FFS						
Rank	Diagnosis*	ER Visits	% Emergent	Emergent ER Visits	Non-Emergent ER Visits	Net Payment Facility**
1	R07 Pain in throat and chest	2,482	100%	2,472	10	\$2,307,549
2	R10 Abdominal and pelvic pain	2,062	96%	1,987	75	\$1,714,512
3	J06 Acute upper respiratory infections of multiple and unspecified sites	1,559	0%	0	1,559	\$576,439
4	M54 Dorsalgia	1,401	0%	0	1,401	\$586,574
5	U07 Emergency use of U07	1,177	100%	1,177	0	\$717,948
6	M25 Other joint disorder, not elsewhere classified	1,157	0%	1	1,156	\$421,584
7	D57 Sickle-cell disorders	1,063	94%	1,003	60	\$831,683
8	M79 Other and unspecified soft tissue disorders, not elsewhere classified	988	82%	807	182	\$457,720
9	R45 Symptoms and signs involving emotional state	950	7%	70	880	\$616,126
10	B34 Viral infection of unspecified site	811	0%	0	811	\$356,440
	All Other	37,250	48%	17,888	19,486	\$23,406,308
Total		50,697	50%	25,355	25,565	\$31,992,883

Georgia Department of Community Health

Member Report

Claims Incurred through October 2022 and Paid through January 2023

Medicaid Enrollment by CMO and FFS Health Plan

Plan	Rolling Quarter Enrollment* (Members Avg)				% Change in Recent 2 Qtrs	Trend (Unique Members) (September 2022 - October 2022)		
	Nov 2021 - Jan 2022	Feb 2022 - Apr 2022	May 2022 - Jul 2022	Aug 2022 - Oct 2022		Members Added	Members Dropped	Net Difference
Georgia Families Amerigroup	575,839	591,027	605,646	619,828	2%	7,567	3,210	4,357
Georgia Families Peach State	1,003,051	1,017,619	1,024,181	1,036,730	1%	8,105	4,604	3,501
Georgia Families CareSource	417,343	431,602	446,693	461,582	3%	6,995	2,744	4,251
Medicaid CMO	1,996,234	2,040,248	2,076,521	2,118,140	2%	22,667	8,156	14,511
Medicaid FFS	253,300	248,705	246,773	246,140	0%	13,048	12,672	376
Total	2,249,533	2,288,953	2,323,294	2,364,281	2%	21,527	10,325	11,202

* Excludes members with Medicare coverage
Note: Plan totals may not add to the CMO total as there may be movement across Plans.

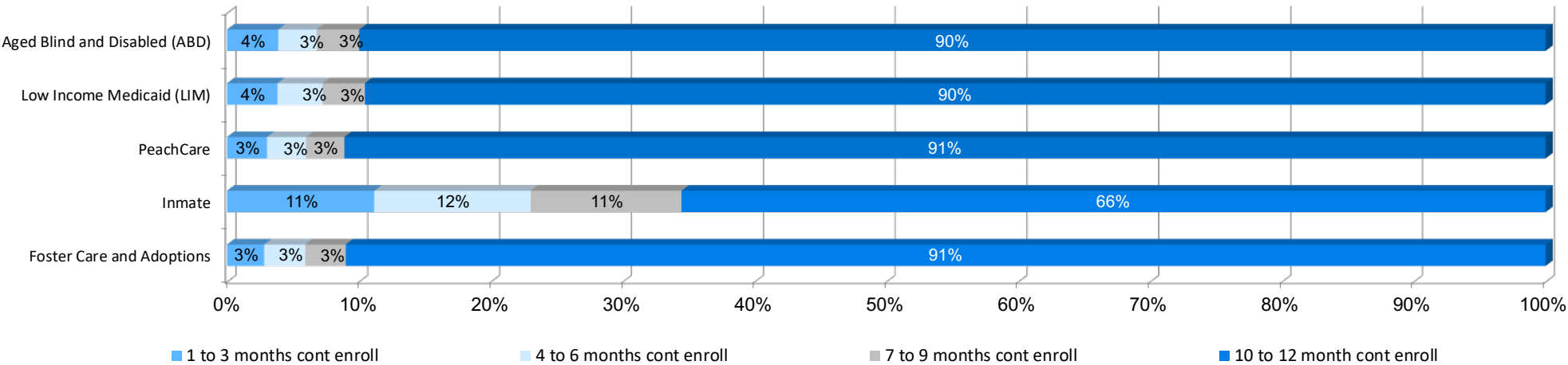
Medicaid Enrollment by Aid Category Group

Aid Category Group	Average Age (Current Quarter)	Rolling Quarter Enrollment (Members Avg)				% Change in Recent 2 Qtrs	Trend (Unique Members) (September 2022 - October 2022)		
		Oct 2021 - Dec 2021	Jan 2022 - Mar 2022	Apr 2022 - Jun 2022	Jul 2022 - Sep 2022		Members Added	Members Dropped	Net Difference
Aged	72	1,202	1,212	1,138	1,090	-4%	36	55	-19
Blind and Disabled	35	182,661	181,898	179,487	176,298	-2%	572	1,774	-1,202
Breast and Cervical Cancer	51	2,224	2,253	2,264	2,325	3%	52	27	25
Foster Care and Adoptions	12	32,213	32,522	33,141	33,709	2%	634	470	164
Inmate	33	15,986	16,185	16,594	16,648	0%	495	476	19
Katie Beckett	9	4,326	4,494	4,665	4,795	3%	22	16	6
LIM Adult	35	265,367	271,213	276,914	283,127	2%	4,718	2,218	2,500
LIM Child	10	538,301	547,516	554,496	565,149	2%	12,123	13,354	-1,231
Medically Needy	62	6,475	6,558	6,614	6,611	0%	173	245	-72
Medicare	62	345	334	336	361	8%	28	8	20
PeachCare	11	189,301	193,783	195,908	198,667	1%	5,147	4,945	202
Planning for Healthy Babies	31	76,808	76,351	75,860	76,169	0%	968	956	12
QMB	56	554	580	644	697	8%	28	6	22
RSM Child	9	826,229	838,393	851,934	868,729	2%	25,161	14,239	10,922
RSM Mother	28	106,924	114,679	121,775	127,946	5%	4,290	3,387	903
Refugee	34	614	980	1,522	1,957	29%	245	29	216
Total	17	2,249,533	2,288,953	2,323,294	2,364,281	2%	21,527	10,325	11,202
Dual Eligible	66	387,612	391,556	396,140	401,318	1%			

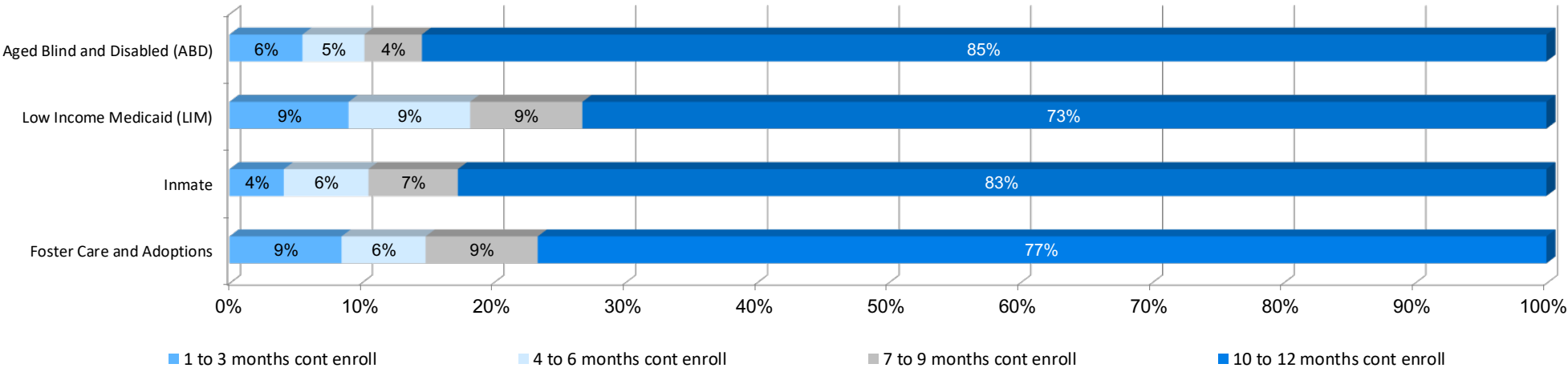
* Excludes members with Medicare coverage
Note: Aid Category Group totals may not add to the total as there may be movement across aid categories. Aid Categories with less than 10 members are suppressed.

Continuous Enrollment for **Non-Medicare Enrollees** in Rolling Previous 12 Months

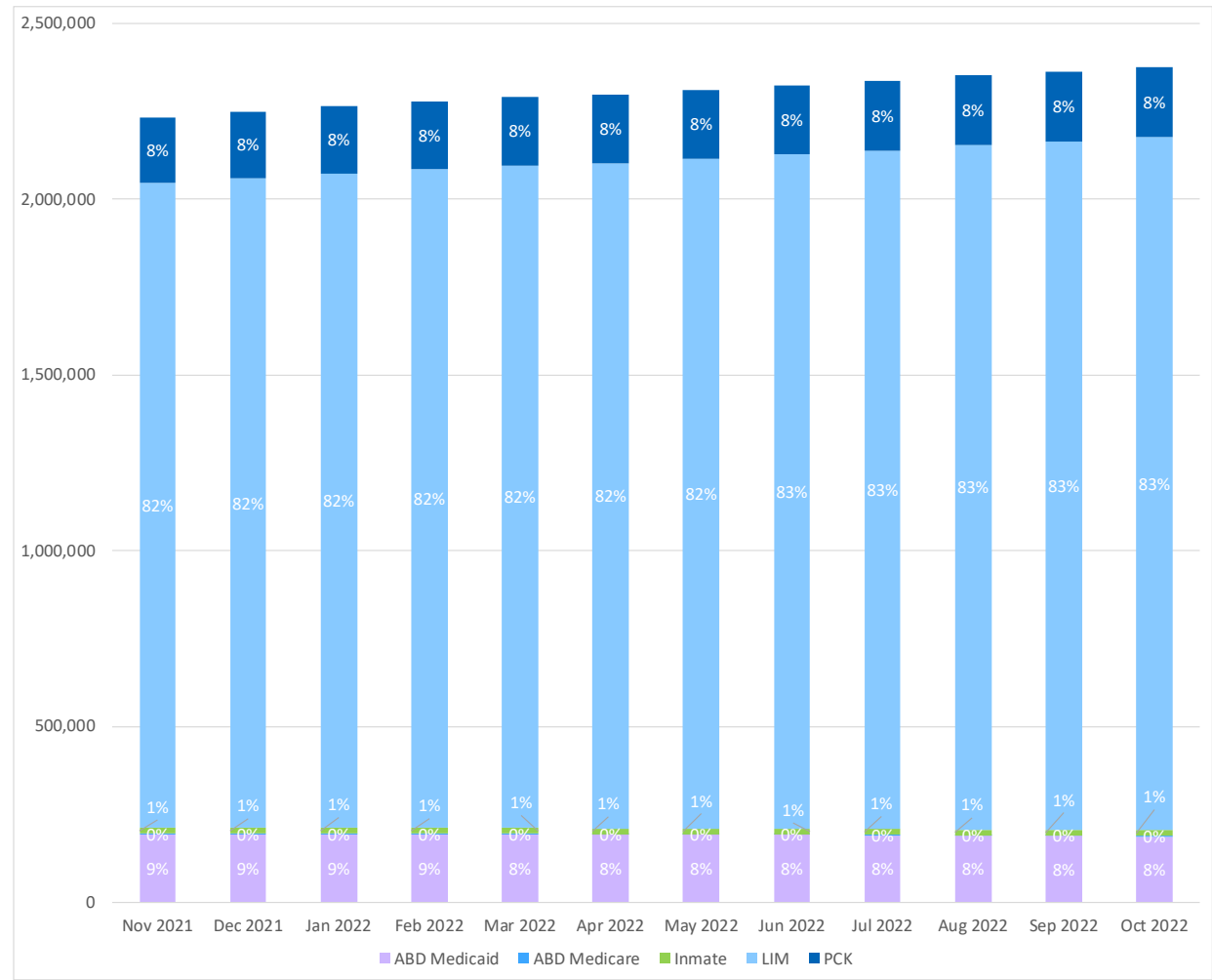
Excludes members with Medicare coverage.



Continuous Enrollment for **Dual Eligible Enrollees** in Rolling Previous 12 Months

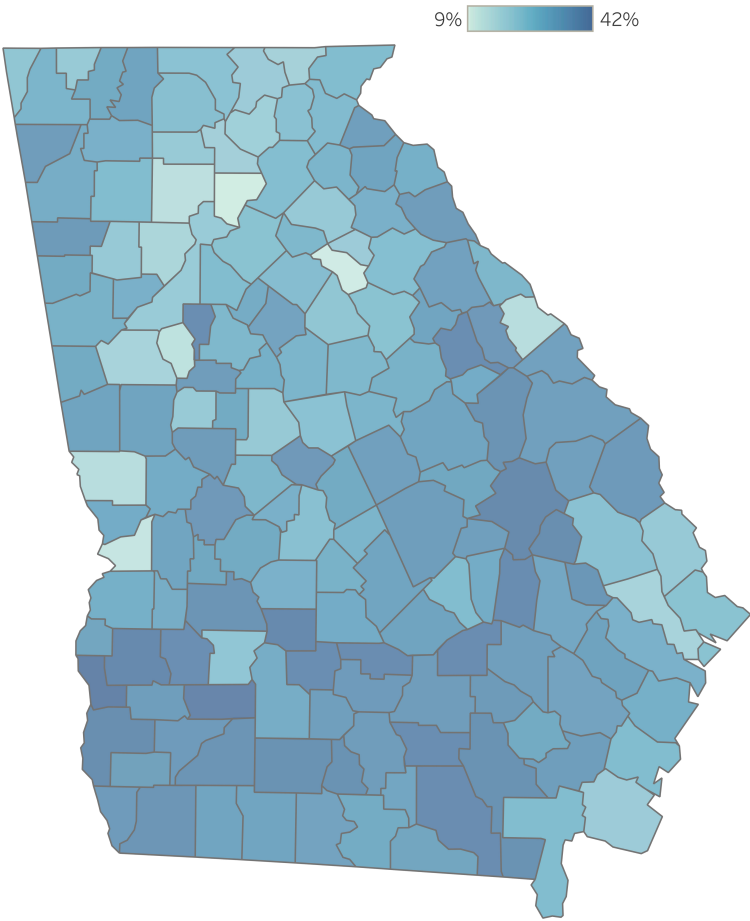


Monthly Enrollment for Rolling Previous 12 Months



Note: ABD includes Aged, Blind and Disabled, Emergency Medical Services, Katie Beckett, Medically Needy. LIM includes LIM Adults, LIM Children, RSM Mother, RSM Children, Breast and Cervical Cancer, Planning for Healthy Babies, Refugee.

Percent of Medicaid Members by County Population*



*County Population totals are from <https://www.census.gov/>

Georgia Department of Community Health

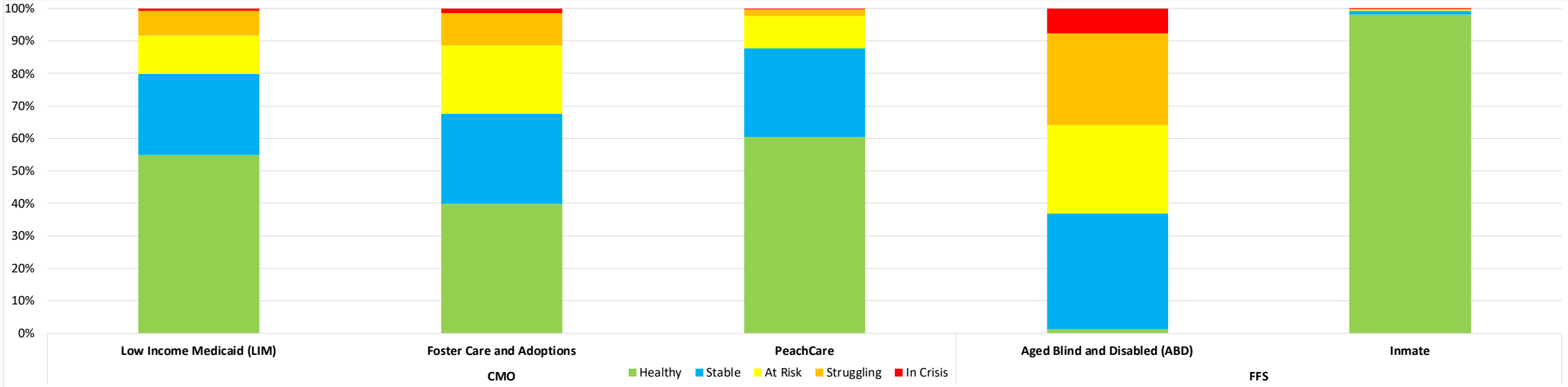
Member Report

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Risk Scores by Aid Category (DCG Incurred Jan 2021 - Dec 2021)

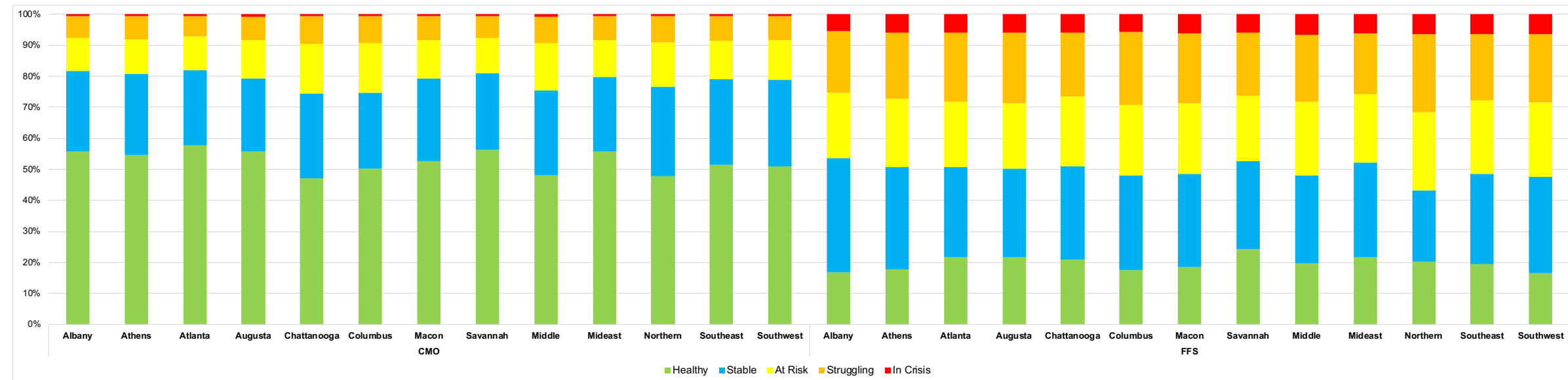
Excludes members with Medicare coverage.

Note: ABD includes Aged, Blind and Disabled, Emergency Medical Services, Katie Beckett, Medically Needy. LIM includes LIM Adults, LIM Children, RSM Mother, RSM Children, Breast and Cervical Cancer, Planning for Healthy Babies, Refugee.



Risk Scores by Region (DCG Incurred Jan 2021 - Dec 2021)

Excludes members with Medicare coverage



Note: Health risk categories are based on Diagnostic Cost Group (DCG) risk scores, which are licensed by Cotiviti, and grouped into risk bands by IBM WH subject matter experts, where 100 is the average population. The Healthy risk score category shows a higher than normal percentage of the population due to lower utilization in CY 2021 resulting from the COVID-19 pandemic and stay-at-home orders.

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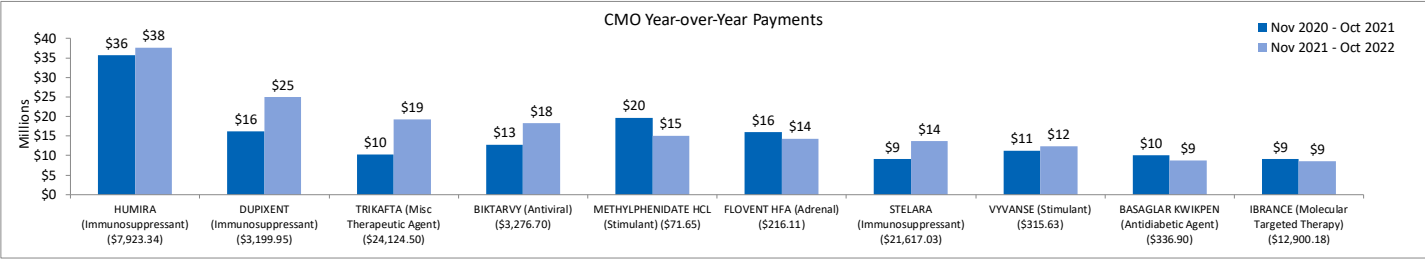
Clinical Report

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Top 10 Prescriptions (CMO Plan Paid Amount)

CMO

Excludes members with Medicare coverage.

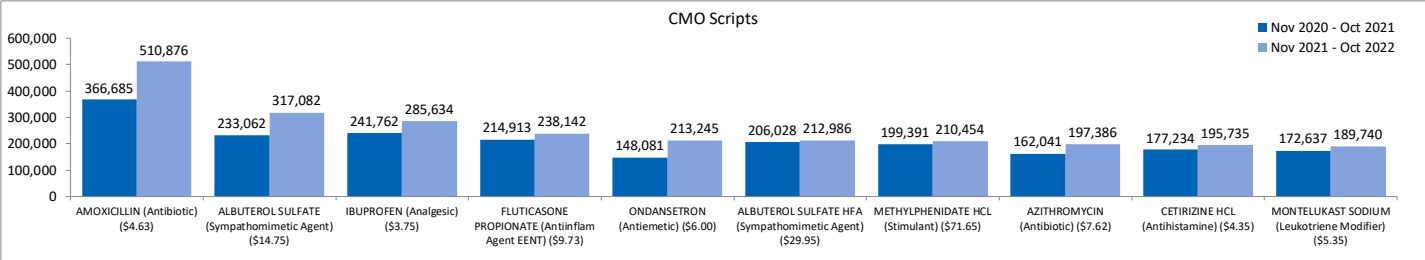


Payment per Script is shown in parentheses. CMO Plan Paid Amount is the amount the CMO plan pays the provider and is shown in millions.

Top 10 Prescriptions (Scripts)

CMO

Excludes members with Medicare coverage.

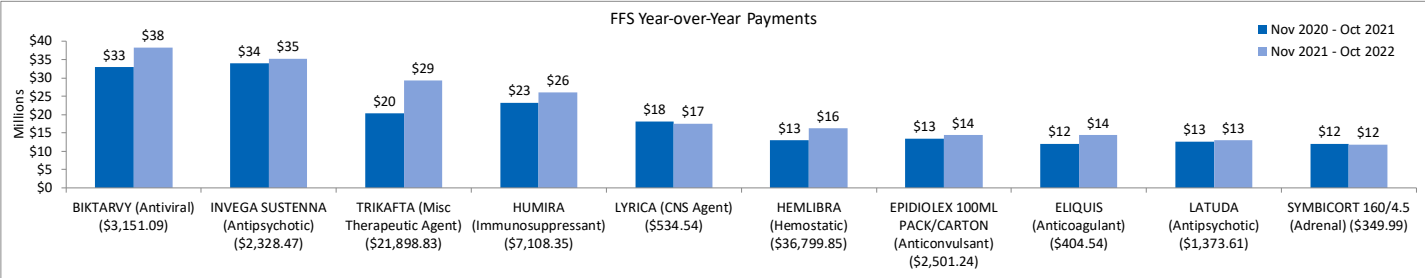


Payment per Script is shown in parentheses. CMO Plan Paid Amount is the amount the CMO plan pays the provider and is shown in millions. Payments exclude rebates and clawbacks.

Top 10 Prescriptions (Net Payments)

FFS

Excludes members with Medicare coverage.

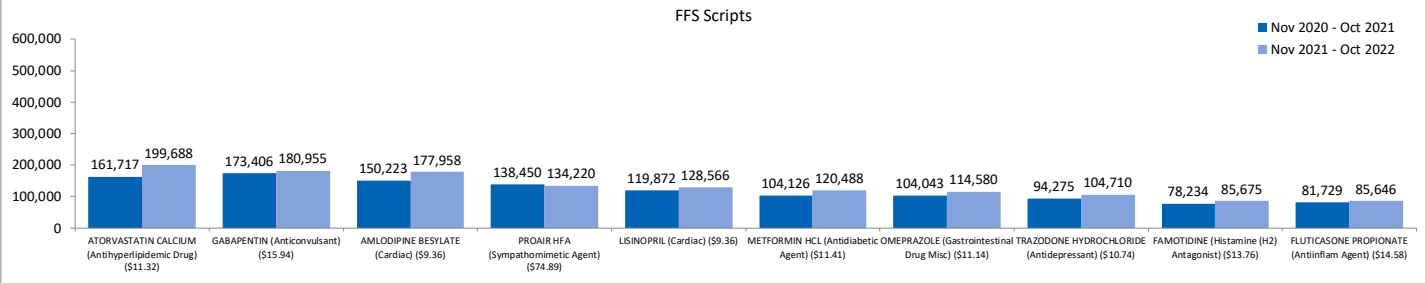


Payment per Script is shown in parentheses. FFS Net Payment is the amount DCH pays the provider and is shown in millions. Payments exclude rebates and dawbacks.

Top 10 Prescriptions (Scripts)

FFS

Excludes members with Medicare coverage.



Payment per Script is shown in parentheses. FFS Net Payment is the amount DCH pays the provider and is shown in millions. Payments exclude rebates and dawbacks.

Georgia Department of Community Health

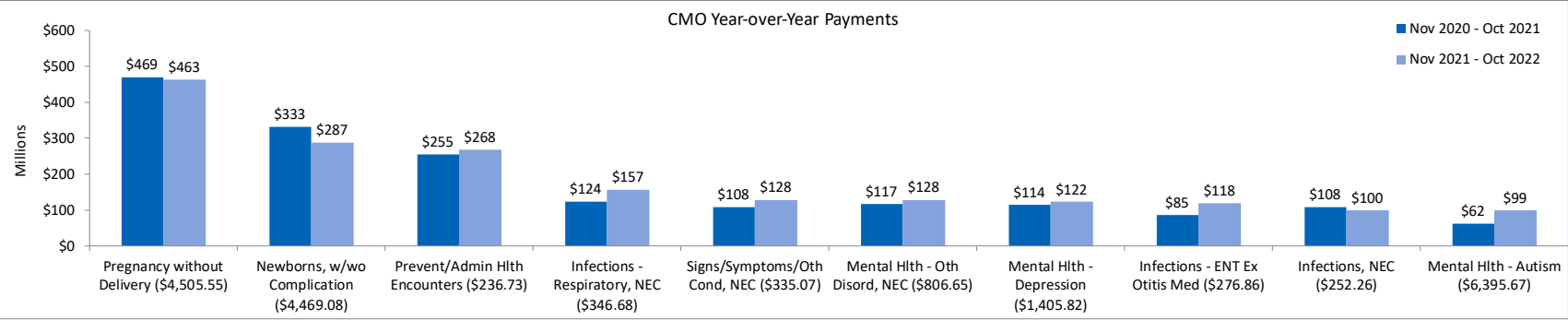
Clinical Report

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Top 10 Clinical Conditions for Non-Medicare Enrollees (CMO Plan Paid Amount)

CMO

Excludes members with Medicare coverage.

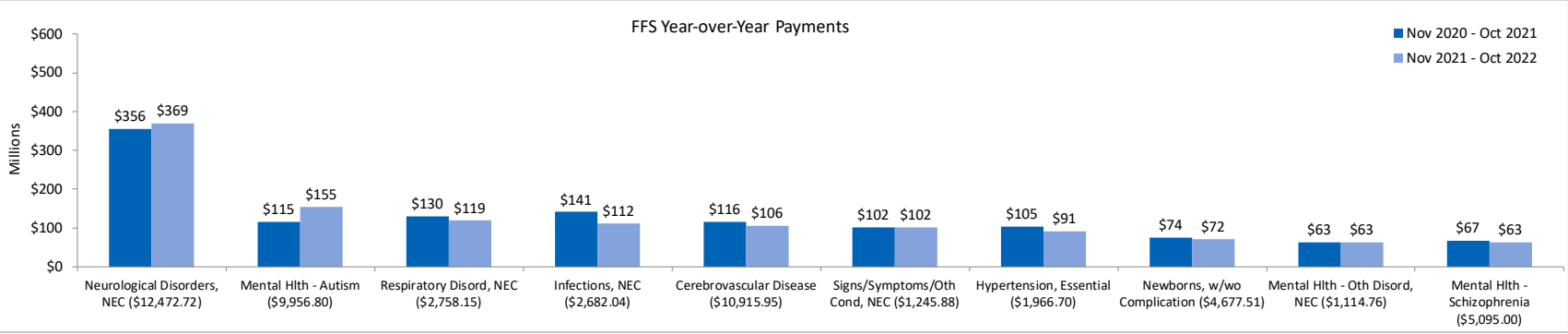


Payment per Patient is shown in parentheses. CMO Plan Paid Amount is the amount the CMO plan pays the provider and is shown in millions.

Top 10 Clinical Conditions (Net Payments)

FFS

Excludes members with Medicare coverage.

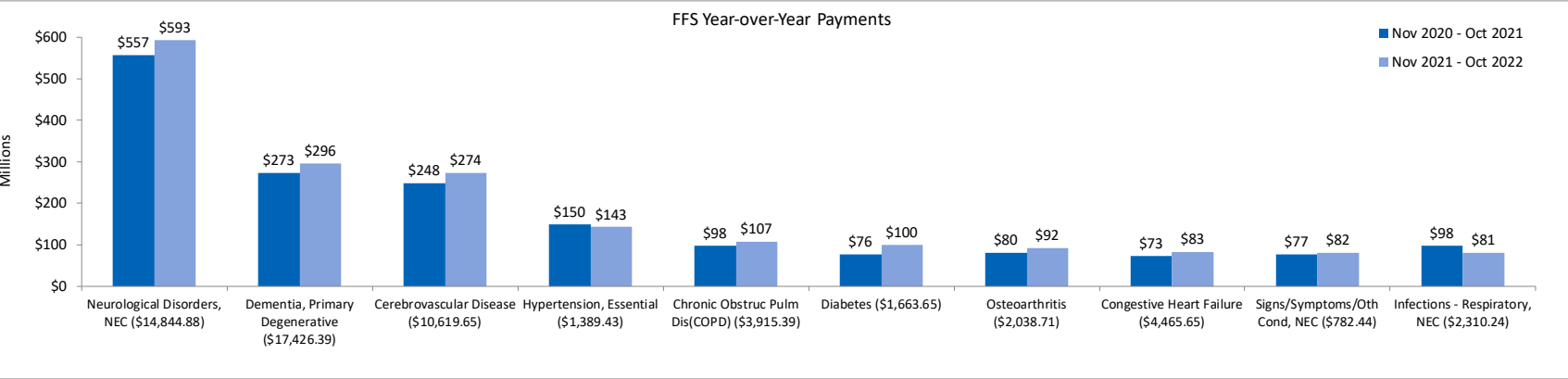


Payment per Patient is shown in parentheses. FFS Net Payment is the amount DCH pays the provider and is shown in millions.

Note: Deliveries in FFS likely occurred while members were in their choice period before they were enrolled in a CMO.

Top 10 Clinical Conditions (Net Payments)

Duals



Georgia Department of Community Health

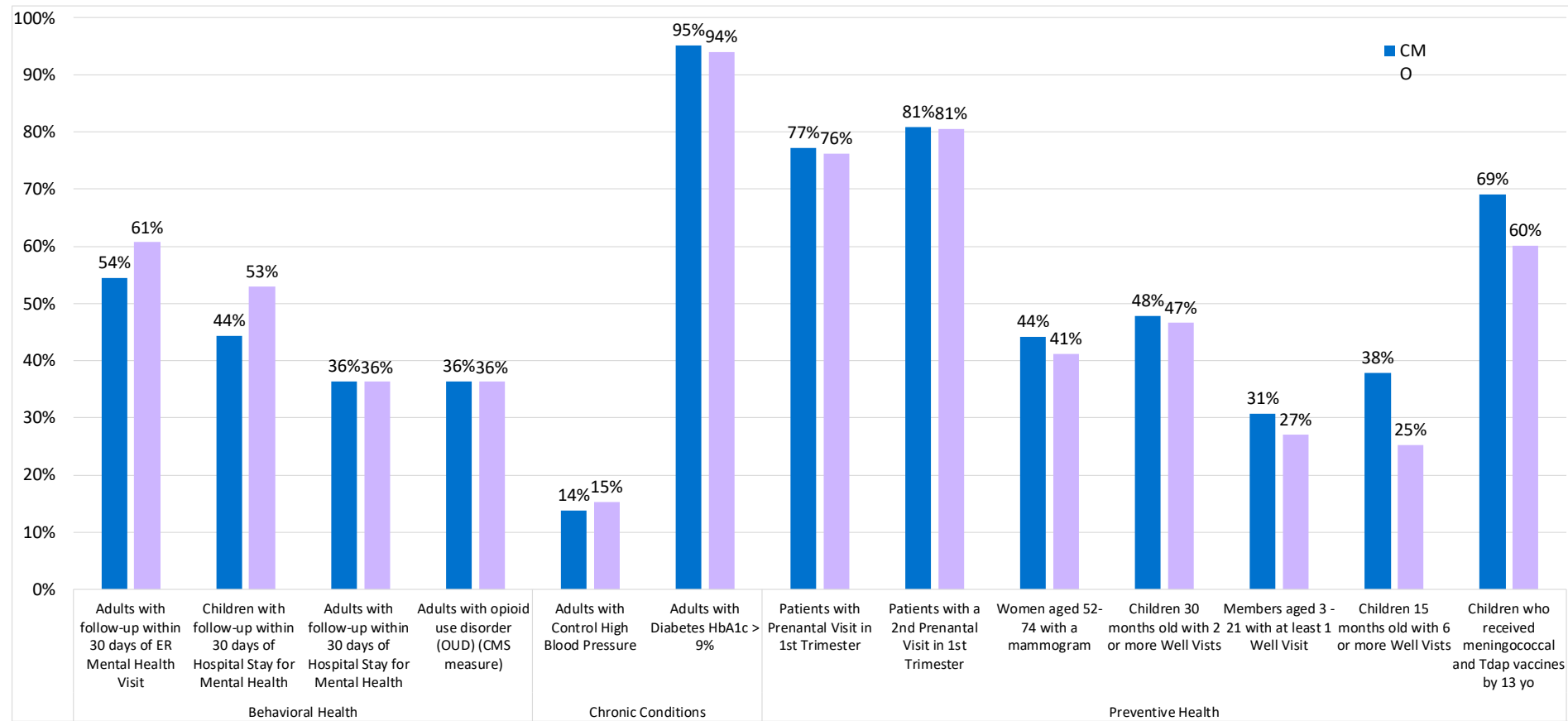
Clinical Report

Claims Incurred through October 2022 and Paid through January 2023

Quality Measures (Incurred with Run-off Month October 2022)

Measures are based on HEDIS specifications unless otherwise noted.

Excludes members with Medicare coverage.



Rule Measure Code	Rule Measure	Description
916	HEDIS FUM-AD FU w/in 30d Aft ED Visit Mnt Illness 1st	The percentage of members with an emergency department visit who received a follow-up within 30 days of the mental health visit.
918	HEDIS FUH-CH FU w/in 30d After Hosp Stay for MH 1st	The percentage of members ages 6 -17 with a hospital visit who received a follow-up within 30 days of the mental health visit.
920	HEDIS FUH-AD FU w/in 30d After Hosp Stay for MH 1st	The percentage of members 18 years and older with a hospital visit who received a follow-up within 30 days of the mental health visit.
937	CMS OUD-AD Opioid Use Disorder Total	Percentage of patients ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed FDA-approved medication for the disorder during the measurement year.
812	HEDIS CBP-AD Control High Blood Pressure	The percentage of patients aged 18 to 85 years who had a visit with a diagnosis of hypertension (<140/90 mm Hg) excludes patients that are 81 years of age and older with frailty, age 66-80 years of age with frailty and advanced illness or in hospice care during the measurement year.
591	HEDIS HPC-AD Diabetes HbA1c Greater Than 9 Percent	The percentage of patients with type 1 or type 2 diabetes, aged 18 to 75 years, whose most recent HbA1c test result value was greater than 9%. Missing results are treated as being numerator compliant. This excludes patients with a diagnosis of gestational or steroid - induced diabetes, and those with no encounter for diabetes during the measurement year or the year prior. It also excludes patients who used hospice services during the measurement year.
813	HEDIS PPC-CH Prenatal Care 1st	The percentage of patients who received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization. Excludes patients in hospice during the measurement year.
1018	HEDIS PPC-CH Prenatal Care 2nd	The percentage of patients who received a second prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization. Excludes patients in hospice during the measurement year.
578	HEDIS BCS-AD Breast Cancer Screens	The percentage of women aged 52 to 74 years at the end of the measurement period, who had a mammogram done during a 27 - month measurement period. This excludes women who had a bilateral mastectomy or two unilateral mastectomies 14 or more days a part any time prior to or during the measurement period, based on claims included in the database. It also excludes women who used any hospice services during the measurement year.
1020	HEDIS W30-CH Well Visit GE 2 Turning 30 mth	The percentage of children who turned 30 months old during the measurement year and had two or more well-child visits with a primary care practitioner.
615	HEDIS WCV-CH Well Care Visits Adolescents	The percentage of adolescents aged 3 -21 years, who had at least one comprehensive well-care visit with a primary care physician (PCP) or a gynecologist during the measurement year.
638	HEDIS W30-CH Well Visit GE 6 in First 15 mth	The percentage of children, during their first 15 months of life, who had six or more well-child visits with a primary care practitioner.
827	HEDIS IMA-CH Adolescent Immune Combo 1	The percentage of adolescents who turned 13 years old and received meningococcal vaccine and one tetanus diphtheria vaccine during the measurement year.

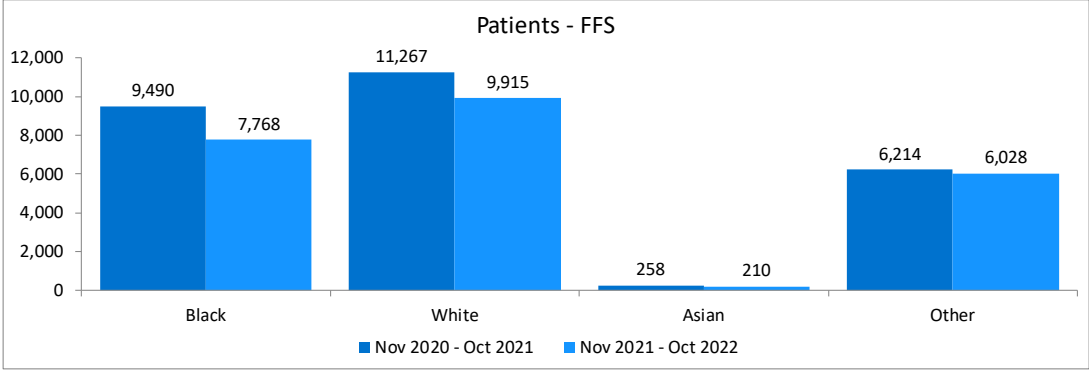
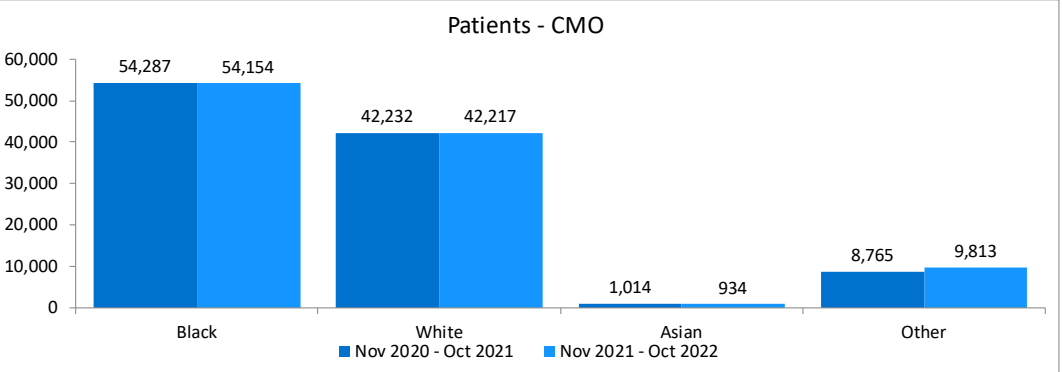
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Clinical Report

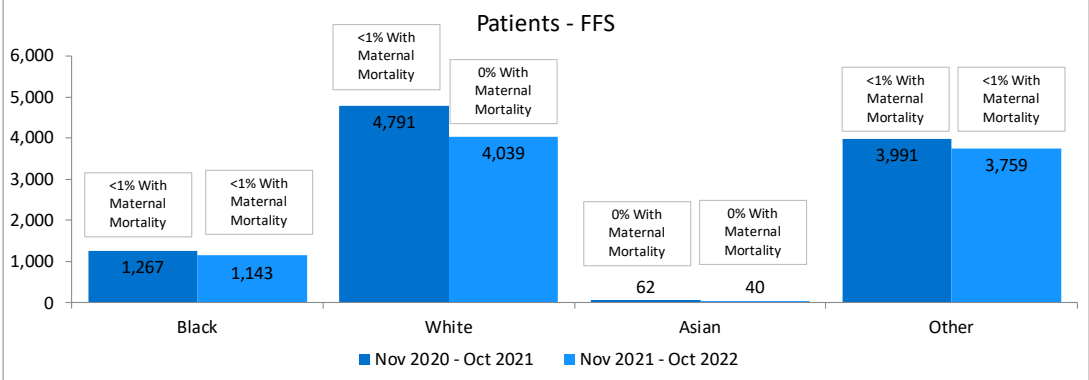
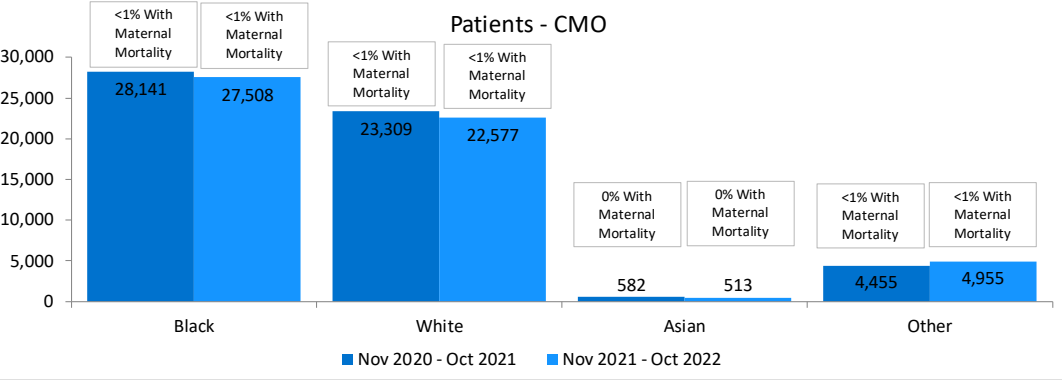
Claims Incurred through October 2022 and Paid through January 2023

Excludes members with Medicare coverage.

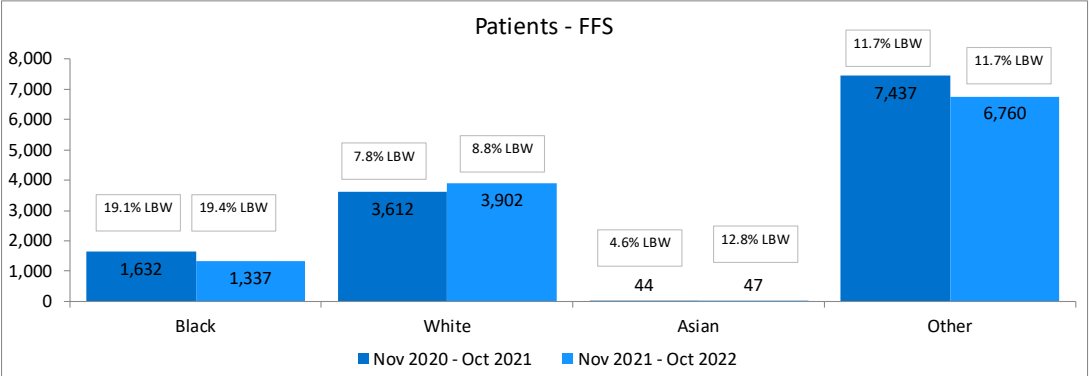
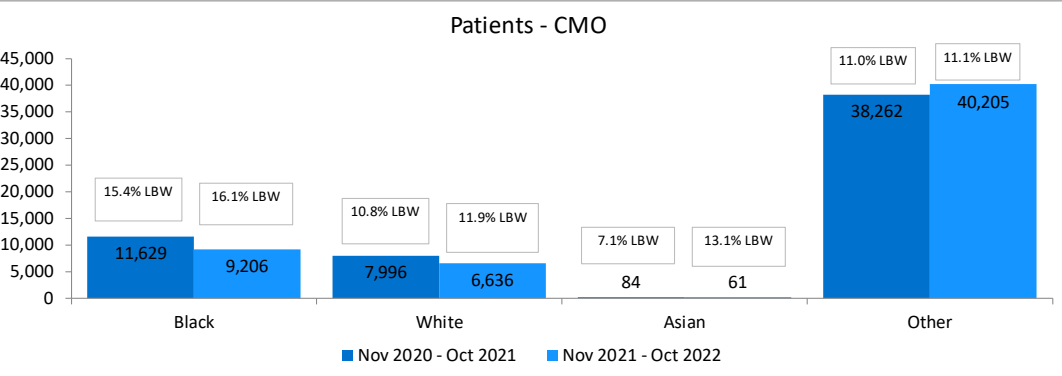
Pregnancy



Delivery



Birth



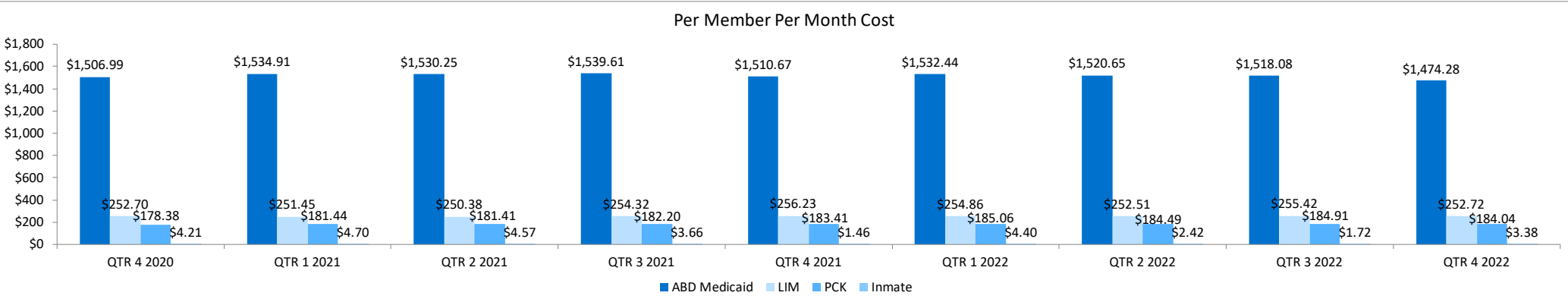
The Medicaid Planning for Healthy Babies methodology was used to define pregnancies, deliveries and births for consistency. Please contact DCH or IBM for the specific criteria.

LBW = Low Birth Weight

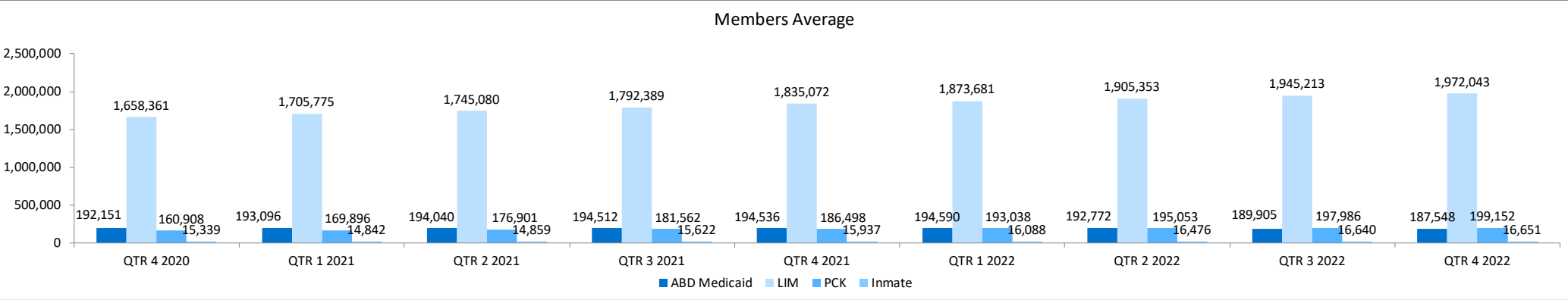
Maternal mortality is defined by date of death provided on the eligibility file and may be underreported.

Financial Results by Aid Category

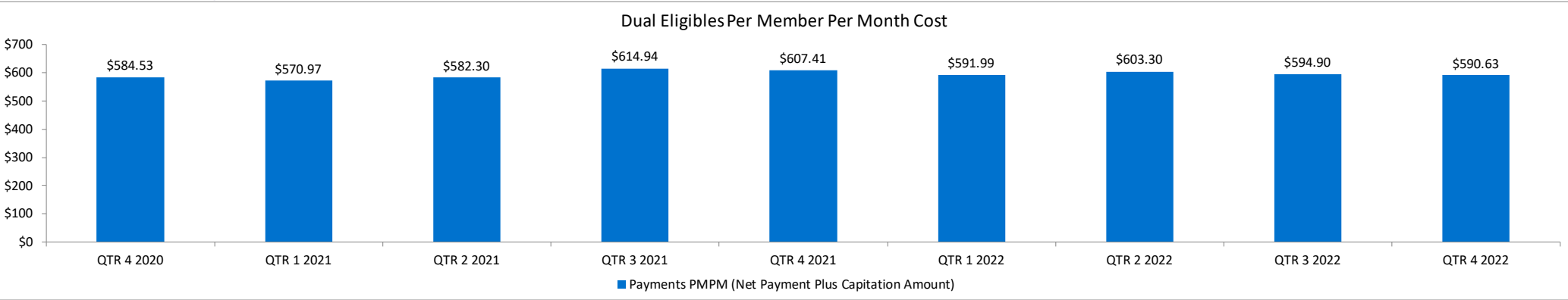
Excludes members with Medicare coverage.
Quarter 4 2022 only contains one month of data.



Costs include Net Payment and Capitation Amount. Net Payment include payments for FFS claims. Capitation Amount includes payments to non-emergency transportation (NEMT) brokers and CMO plans to administer benefits.



Financial Results for Dual Eligibles



Costs include Net Payment and Capitation Amount. Net Payment include payments for FFS claims. Capitation Amount includes payments to non-emergency transportation (NEMT) brokers and CMO plans to administer benefits.

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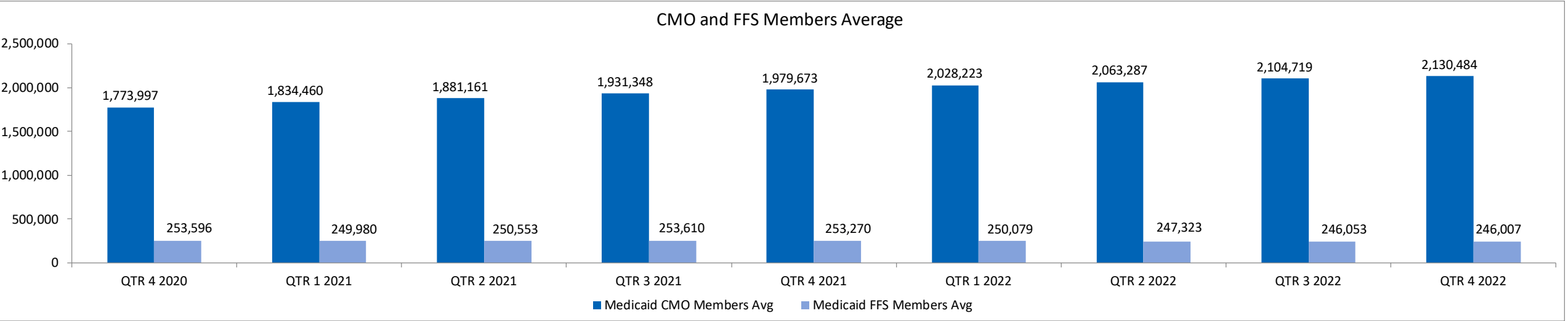
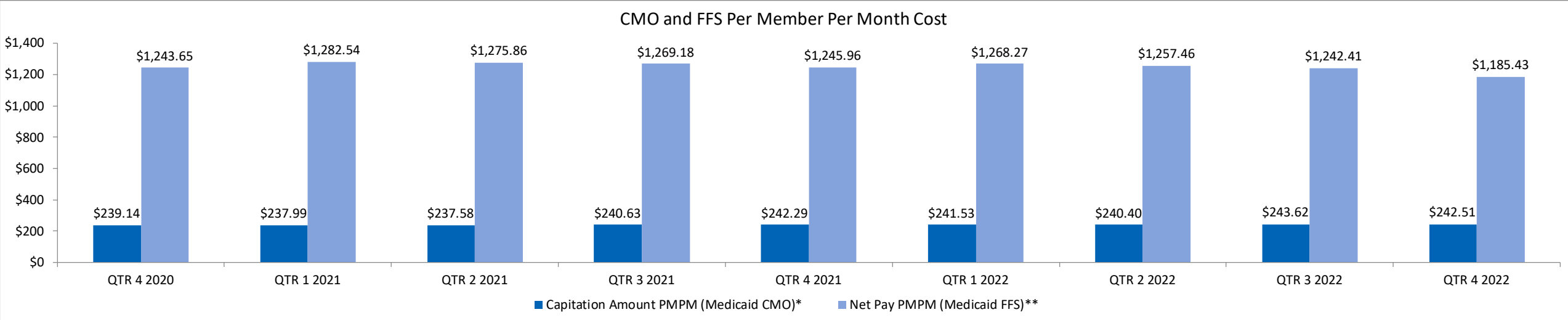
Finance Report

Claims Incurred through October 2022 and Paid through January 2023

Financial Results by Plan Group

Excludes members with Medicare coverage.

Quarter 4 2022 only contains one month of data.



* Capitation Amount is the amount Medicaid paid to the plan; this amount is used to calculate the CMO PMPM cost and includes payments to non-emergency transportation (NEMT) brokers and CMO plans.

**Net Payment is used to calculate PMPM cost for FFS plans.

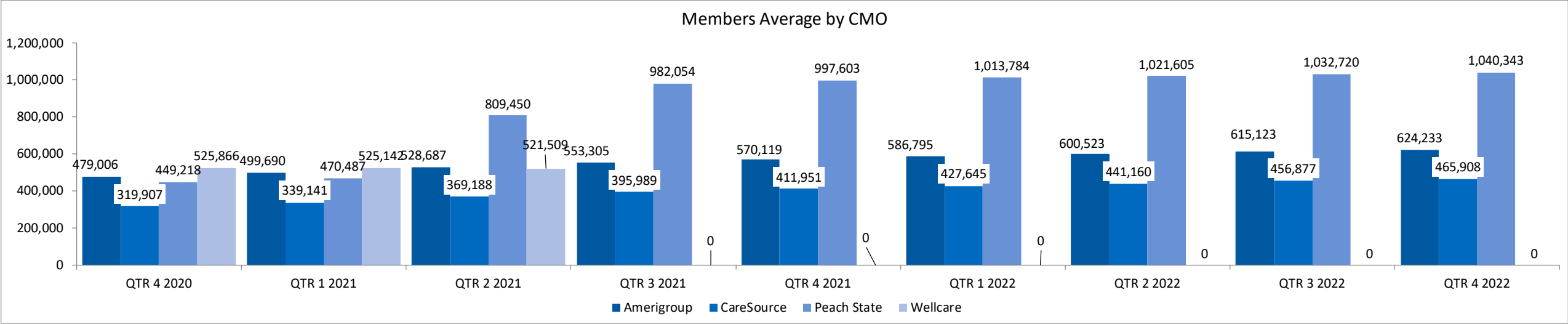
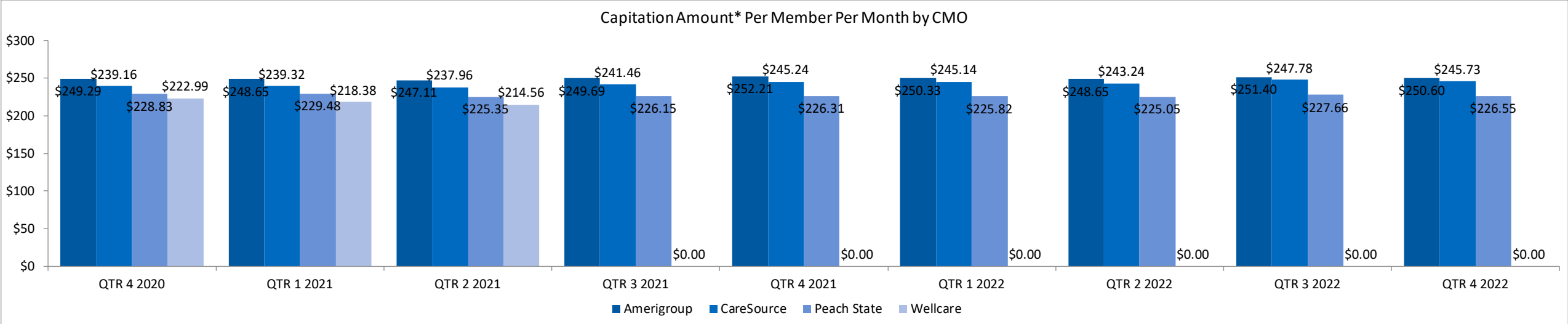
Georgia Department of Community Health

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Claims Incurred through October 2022 and Paid through January 2023

Financial Results by CMO

Excludes members with Medicare coverage.
Quarter 4 2022 only contains one month of data.



*Capitation Amount is what Medicaid paid and excludes NEMT. Wellcare members moved to other plans in May 2021 due to merger with Peach State, which accounts for the large increase in Peach State members average in Q2 2021.

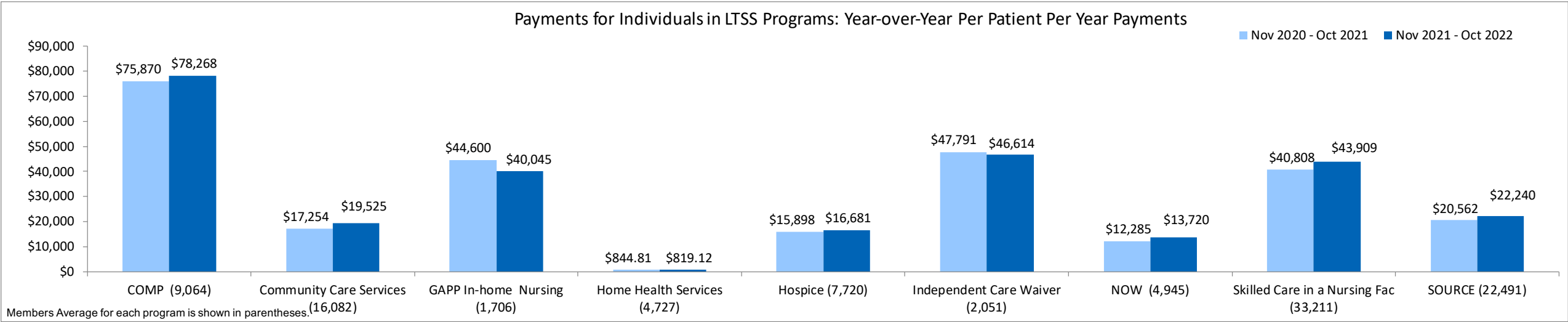
Georgia Department of Community Health

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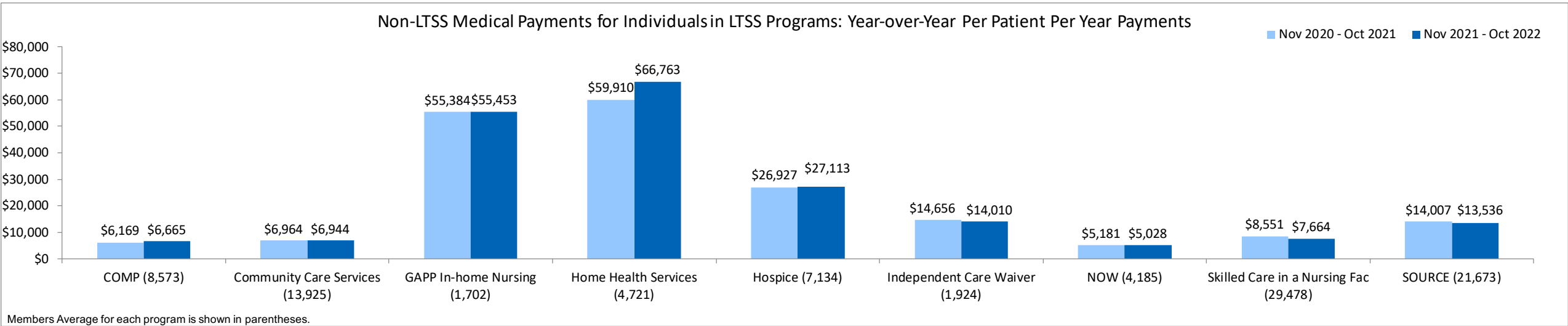
Claims Incurred through October 2022 and Paid through January 2023

Long Term Care (LTC) Services Summary

Payments for Individuals in LTSS Programs: Year-over-Year Per Patient Per Year Payments



Non-LTSS Medical Payments for Individuals in LTSS Programs: Year-over-Year Per Patient Per Year Payments



Note: LTSS report includes members with Medicare coverage.

Georgia Department of Community Health

Finance Report

Claims Incurred through October 2022 and Paid through January 2023

Cost by Aid Category Group

Excludes members with Medicare coverage.

Aid Category Group	Measures	Total Costs			PMPM		
		Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change	Nov 2020 - Oct 2021	Nov 2021 - Oct 2022	% Change
LIM	Net Pay Med	\$396,552,936	\$301,682,566	-24%	\$19.27	\$13.40	-30%
	Net Pay Rx	\$38,267,962	\$43,405,056	13%	\$1.86	\$1.93	4%
	Net Pay Subtotal	\$434,820,897	\$345,087,621	-21%	\$21.13	\$15.33	-27%
	CMO Capitation Payments	\$4,689,803,407	\$5,238,579,453	12%	\$227.86	\$232.69	2%
	P4HB Capitation Payments	\$25,961,864	\$22,375,282	-14%	\$1.26	\$0.99	-21%
	NEMT Capitation Payments	\$105,685,367	\$116,565,965	10%	\$5.13	\$5.18	1%
	Capitation Subtotal	\$4,821,450,638	\$5,377,520,700	12%	\$234.26	\$238.86	2%
	Total Cost	\$5,256,271,535	\$5,722,608,321	9%	\$255.39	\$254.19	0%
ABD	Net Pay Med	\$2,524,231,733	\$2,481,673,507	-2%	\$1,121.34	\$1,112.94	-1%
	Net Pay Rx	\$853,922,913	\$878,828,482	3%	\$379.34	\$394.12	4%
	Net Pay Subtotal	\$3,378,154,645	\$3,360,501,989	-1%	\$1,500.68	\$1,507.07	0%
	NEMT Capitation Payments	\$11,596,829	\$11,703,953	1%	\$5.15	\$5.25	2%
	Capitation Subtotal	\$11,596,829	\$11,703,953	1%	\$5.15	\$5.25	2%
	Total Cost	\$3,389,751,475	\$3,372,205,942	-1%	\$1,505.83	\$1,512.31	0%
PCK	Net Pay Med	\$7,229,642	\$8,376,378	16%	\$3.45	\$3.59	4%
	Net Pay Rx	\$2,977,939	\$3,051,130	2%	\$1.42	\$1.31	-8%
	Net Pay Subtotal	\$10,207,581	\$11,427,508	12%	\$4.87	\$4.90	1%
	CMO Capitation Payments	\$371,049,341	\$420,506,019	13%	\$177.09	\$180.24	2%
	Capitation Subtotal	\$371,049,341	\$420,506,019	13%	\$177.09	\$180.24	2%
	Total Cost	\$381,256,922	\$431,933,527	13%	\$181.96	\$185.14	2%
Foster Care	Net Pay Med	\$25,509,918	\$25,600,698	0%	\$67.33	\$64.85	-4%
	Net Pay Rx	\$8,046,787	\$7,658,669	-5%	\$21.24	\$19.40	-9%
	Net Pay Subtotal	\$33,556,705	\$33,259,367	-1%	\$88.57	\$84.25	-5%
	CMO Foster Care Capitation Payments	\$179,920,005	\$175,891,621	-2%	\$474.88	\$445.57	-6%
	NEMT Capitation Payments	\$2,000,140	\$2,087,814	4%	\$5.28	\$5.29	0%
	Capitation Subtotal	\$181,920,145	\$177,979,434	-2%	\$480.16	\$450.86	-6%
	Total Cost	\$215,476,849	\$211,238,801	-2%	\$568.73	\$535.11	-6%
Inmate	Net Pay Med	\$434,423	\$239,380	-45%	\$2.38	\$1.22	-49%
	Net Pay Subtotal	\$434,423	\$239,380	-45%	\$2.38	\$1.22	-49%
	Total Cost	\$434,423	\$239,380	-45%	\$2.38	\$1.22	-49%
Total	Net Pay Med	\$2,953,958,651	\$2,817,572,529	-5%	\$115.84	\$101.80	-12%
	Net Pay Rx	\$903,215,600	\$932,943,337	3%	\$35.42	\$33.71	-5%
	Net Pay Subtotal	\$3,857,174,251	\$3,750,515,866	-3%	\$151.27	\$135.50	-10%
	CMO Capitation Payments	\$5,240,772,753	\$5,834,977,092	11%	\$205.53	\$210.82	3%
	P4HB Capitation Payments	\$25,961,864	\$22,375,282	-14%	\$1.02	\$0.81	-21%
	NEMT Capitation Payments	\$119,282,336	\$130,357,732	9%	\$4.68	\$4.71	1%
	Capitation Subtotal	\$5,386,016,953	\$5,987,710,106	11%	\$211.22	\$216.33	2%
	Total Cost	\$9,243,191,204	\$9,738,225,972	5%	\$362.49	\$351.84	-3%

Measures

Net Pay Med is the sum of facility and professional net payments.
Net Pay Rx is the net amount paid for prescriptions filled and excludes rebates and clawbacks.
CMO Capitation Payment is the capitation amount constrained to Category of Service code 830 (Managed Care Organization).
CMO Foster Care Capitation Payment is the capitation amount constrained to Category of Service code 815 (Managed Care Foster Care).
P4HB Capitation Payment is the capitation amount constrained to Category of Service code 810 (Managed Care Healthy Babies Waiver).
NEMT Capitation Payment is the capitation amount constrained to Category of Service code 381 (Non-Emergency Medical Transportation).
Total Cost is the sum of capitation amounts, net payment and administrative fees and will vary from payments on Page 17 due to different component measures.

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Claims Incurred through October 2022 and Paid through January 2023

Categories of Service Groupings

Excludes members with Medicare coverage.

Nov 2021 - Oct 2022									
Aid Category Group	Category of Service	Patients	Payments	Pay Per Patient	Service Count	Pay Per Service	Claims Paid	Providers	Claims Per Provider
LIM	Inpatient Hospital Services	150,867	\$1,093,484,213	\$7,248.00	171,973	\$6,358.46	167,101	324	516
	Outpatient Hospital Services	591,906	\$672,717,938	\$1,136.53	8,312,587	\$80.93	1,209,561	1,590	761
	Professional Services	1,350,770	\$891,583,601	\$660.06	6,695,358	\$133.16	7,462,636	83,742	89
	Pharmacy	1,171,609	\$706,212,374	\$602.77	10,499,124	\$67.26	10,531,510	2,386	4,414
	Skilled Care in a Nursing Facility	20	\$124,388	\$6,219.38	408	\$304.87	33	18	2
	Dental	671,914	\$218,298,145	\$324.89	1,338,383	\$163.11	1,392,108	2,414	577
	Behavioral Health	255,275	\$381,211,116	\$1,493.34	5,777,209	\$65.99	2,926,797	26,758	109
	Waiver	934	\$19,379,288	\$20,748.70	729,337	\$26.57	44,453	327	136
	Other	1,264,778	\$484,924,147	\$383.41	14,307,110	\$33.89	4,140,978	29,410	141
	Total	1,667,349	\$4,467,935,210	\$2,679.66	47,831,489	\$93.41	27,875,177	107,800	259
ABD	Inpatient Hospital Services	23,768	\$652,345,078	\$27,446.36	51,577	\$12,647.98	44,887	228	197
	Outpatient Hospital Services	107,453	\$300,696,811	\$2,798.40	4,003,393	\$75.11	502,028	299	1,679
	Professional Services	148,314	\$257,173,803	\$1,733.98	1,562,408	\$164.60	2,122,266	65,107	33
	Pharmacy	146,396	\$879,008,429	\$6,004.32	6,747,523	\$130.27	6,747,538	2,205	3,060
	Skilled Care in a Nursing Facility	3,325	\$156,654,622	\$47,114.17	738,129	\$212.23	106,846	313	341
	Dental	34,866	\$13,452,811	\$385.84	63,135	\$213.08	68,464	1,476	46
	Behavioral Health	80,071	\$642,948,017	\$8,029.72	8,965,496	\$71.71	2,637,671	21,203	124
	Waiver	11,164	\$270,206,730	\$24,203.40	10,894,438	\$24.80	839,356	1,961	428
	Other	121,833	\$188,996,920	\$1,551.28	3,395,514	\$55.66	1,420,063	7,705	184
	Total	172,884	\$3,361,483,220	\$19,443.58	36,421,613	\$92.29	14,489,119	82,942	175
PCK	Inpatient Hospital Services	1,450	\$25,856,907	\$17,832.35	2,262	\$11,430.99	1,697	98	17
	Outpatient Hospital Services	44,756	\$44,466,721	\$993.54	440,925	\$100.85	72,547	404	180
	Professional Services	151,987	\$60,866,754	\$400.47	560,234	\$108.65	605,581	29,338	21
	Pharmacy	129,082	\$77,264,247	\$598.57	822,790	\$93.91	826,288	2,135	387
	Dental	111,059	\$33,581,946	\$302.38	220,704	\$152.16	229,242	1,993	115
	Behavioral Health	32,086	\$53,242,973	\$1,659.38	674,115	\$78.98	397,979	10,072	40
	Other	138,853	\$37,228,797	\$268.12	1,083,412	\$34.36	309,063	11,712	26
	Total	196,225	\$332,508,344	\$1,694.53	3,804,472	\$87.40	2,442,390	43,018	57
Foster Care	Inpatient Hospital Services	991	\$16,343,679	\$16,492.11	2,122	\$7,702.02	1,268	105	12
	Outpatient Hospital Services	10,060	\$12,479,542	\$1,240.51	143,159	\$87.17	19,971	275	73
	Professional Services	28,241	\$15,765,415	\$558.25	131,829	\$119.59	146,449	18,840	8
	Pharmacy	26,682	\$27,332,238	\$1,024.37	389,578	\$70.16	389,798	1,984	196
	Dental	21,120	\$6,549,385	\$310.10	41,746	\$156.89	43,502	1,330	33
	Behavioral Health	18,676	\$79,936,959	\$4,280.20	985,473	\$81.12	392,364	7,789	50
	Waiver	153	\$5,786,842	\$37,822.50	92,725	\$62.41	9,578	62	154
	Other	25,303	\$13,413,754	\$530.13	305,071	\$43.97	109,250	6,984	16
	Total	34,687	\$177,607,813	\$5,120.30	2,091,703	\$84.91	1,112,180	29,372	38
Inmate	Total	46	\$239,380	\$5,203.92	272	\$880.07	234	155	2
All	Inpatient Hospital Services	176,729	\$1,788,241,673	\$10,118.55	227,967	\$7,844.30	214,997	379	567
	Outpatient Hospital Services	748,866	\$1,030,423,889	\$1,375.98	12,903,301	\$79.86	1,804,376	1,667	1,082
	Professional Services	1,648,361	\$1,225,454,995	\$743.44	8,942,722	\$137.03	10,337,936	99,773	104
	Pharmacy	1,448,407	\$1,689,817,303	\$1,166.67	18,459,017	\$91.54	18,495,136	2,454	7,537
	Skilled Care in a Nursing Facility	3,336	\$156,780,732	\$46,996.62	738,545	\$212.28	106,880	314	340
	Dental	825,404	\$271,882,287	\$329.39	1,663,099	\$163.48	1,733,316	2,590	669
	Behavioral Health	375,764	\$1,157,350,374	\$3,079.99	16,402,443	\$70.56	6,354,860	37,069	171
	Waiver	12,037	\$295,372,860	\$24,538.74	11,716,529	\$25.21	893,389	1,985	450
	Other	1,527,513	\$724,572,916	\$474.35	19,091,642	\$37.95	5,979,488	31,498	190
	Total	2,016,057	\$8,339,897,029	\$4,136.74	90,145,265	\$92.52	45,920,378	130,211	353

Inmate Category of Service rows are not displayed due to low Patient counts.

PeachCare SWF and Waiver category rows are not displayed due to low patient counts.

Category of Service Groupings

Inpatient services are identified by Category of Service codes 001 and 010 and Major Diagnostic Category (MDC) <= 19 Mental, 20 Alcohol / Drug Use. Service Count reflects Admits.

Outpatient services are identified by Category of Service code 070 and MDC <= 19 Mental, 20 Alcohol / Drug Use. Service Count reflects Service Count.

Professional services are identified by Category of Service codes 330, 400, 410, 420, 430, 431, 432, 470, 480, 490, 550, 560, 570, 721 and 740 MDC <= 19 Mental, 20 Alcohol / Drug Use. Service Counts reflects Visits Patient

Skilled Care in a Nursing Facility services are identified by Category of Service codes 110,140,170 and 180 MDC <= 19 Mental, 20 Alcohol / Drug Use. Service Count reflects Days.

Pharmacy services are identified by category of service codes 300, 302 and 321. Service Count reflects Scripts Rx. Payments exclude rebates and clawbacks.

Waiver services are identified by Category of Service codes 590, 660, 680, 681, 930, 971 and 972 and MDC <= 19 Mental, 20 Alcohol / Drug Use. Service Count reflects Service Count.

Dental services are identified by Category of Service codes 450, 460 and MDC <= 19 Mental, 20 Alcohol / Drug Use. Service Count reflects Visits Patient.

Behavioral Health services are identified by MDC = 19 Mental, 20 Alcohol / Drug Use. Service Count reflects Service Count.

All other services are identified by excluding the Category of Service codes used in aforementioned groups and MDC <= 19 Mental, 20 Alcohol / Drug Use. Service Count reflects Service Count.

Payments = Net Payment + CMO Plan Paid Amount. CMO Plan Paid Amount is the amount the plan pays to providers. Payments will vary from Total Costs on Page 16 due to different component measures.

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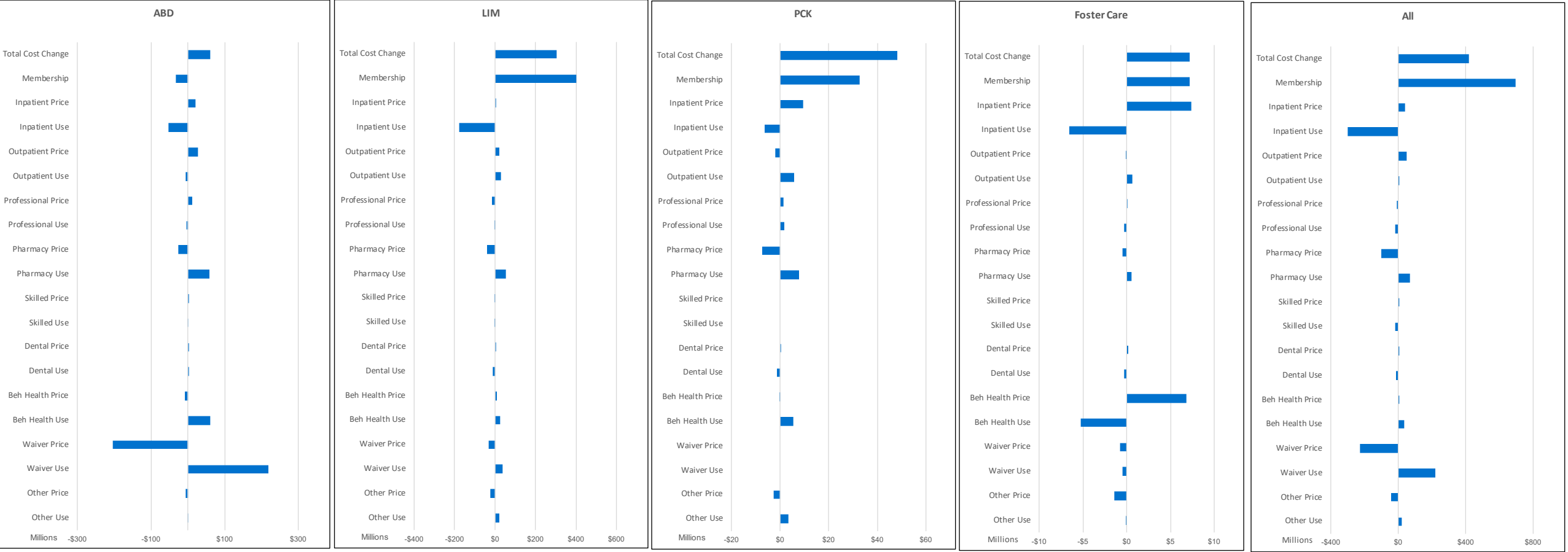
Finance Report

Claims Incurred through October 2022 and Paid through January 2023

Payment and Use Trends by Categories of Service Groupings

Excludes members with Medicare coverage.

Current Incurred Rolling Year November 2021 to October 2022 compared to Previous Incurred Rolling Year November 2020 to October 2021



Category of Service Groupings

Inpatient services are identified by Category of Service codes 001 and 010 and Major Diagnostic Category (MDC) <= 19 Mental, 20 Alcohol / Drug Use. Service Count reflects Admits.

Outpatient services are identified by Category of Service code 070 and MDC <= 19 Mental, 20 Alcohol / Drug Use. Service Count reflects Service Count.

Professional services are identified by Category of Service codes 330, 400, 410, 420, 430, 431, 432, 470, 480, 490, 550, 560, 570, 721 and 740 MDC <= 19 Mental, 20 Alcohol / Drug Use. Service Counts reflects Visits Patient

Skilled Care in a Nursing Facility services are identified by Category of Service codes 110,140,170 and 180 MDC <= 19 Mental, 20 Alcohol / Drug Use. Service Count reflects Days.

Pharmacy services are identified by category of service codes 300, 302 and 321. Service Count reflects Scripts Rx. Payments exclude rebates and clawbacks.

Waiver services are identified by Category of Service codes 590, 660, 680, 681, 930, 971 and 972 and MDC <= 19 Mental, 20 Alcohol / Drug Use. Service Count reflects Service Count.

Dental services are identified by Category of Service codes 450, 460 and MDC <= 19 Mental, 20 Alcohol / Drug Use. Service Count reflects Visits Patient.

Behavioral Health services are identified by MDC = 19 Mental, 20 Alcohol / Drug Use. Service Count reflects Service Count.

All other services are identified by excluding the Category of Service codes used in aforementioned groups and MDC <= 19 Mental, 20 Alcohol / Drug Use. Service Count reflects Service Count.

Payments = Net Payment + CMO Plan Paid Amount. CMO Plan Paid Amount is the amount the plan pays to providers.